

**KANSAS BUREAU OF INVESTIGATION
CENTRAL REPOSITORY**

Phone (785) 296-8272 or (785) 296-0816
Fax (785) 368-7162

REQUEST TO CHANGE CRIMINAL HISTORY

Part I. Identifiers currently shown in the central repository record:

All fields are required / unless indicated by optional : incomplete forms will not be processed.

Last Name		First Name		Middle Name	
Date of Birth		SSN		Sex	Race
SID Number	(optional) PCN	(optional) Transaction Number		Date of Arrest	

Part II. Data identified in the record above should be changed as follows:

Only complete fields that need to be changed, leave all others blank

Last Name		First Name		Middle Name	
Date of Birth		SSN		Sex	Race
Height	Weight	Eyes	Hair	Place of Birth	
Address		City		State	Zip
ORI Update		Scars, Marks, Tattoos			
Charge Update		Be sure to indicate what change you need made with each statute. Add, Delete, or replace.			
Statute w/ subsections	F/M	Literal			
Additional Information					

Part III. Agency Verification: (required) incomplete forms will not be processed

Contributor of Change		ORI	
Signature of Official Authorizing Change		Phone Number	Date